

Submit by 28th of following month to:  
Indiana Dept. Env. Mgmt., Office of Water Quality  
Data Management Section  
P.O. Box 6015  
Indianapolis, IN 46206-6015

# Monthly Report of Operation

## Collection Systems (Pending Approval - Jan. 2002)

Facility Name:	NPDES Permit No.:
Name of Operator:	Certificate Number:
Month of:	Year:

Date	Outfalls Inspected	Man Hours	Precip. Inches	Flow to STP (mgd)	Flow Discharged (million gallons and hours duration) (Actual=a or Estimated=e)													
					001 mg	001 hrs	002 mg	002 hrs	003 mg	003 hrs	004 mg	004 hrs	005 mg	005 hrs	006 mg	006 hrs	007 mg	007 hrs
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Monthly Totals																		

ATTACH COMMENTS FOR THE MONTH (i.e., major repairs, breakdowns, unusual situations, overflow causes)

<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>	SIGNATURE OF CERTIFIED OPERATOR	DATE
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE